

**MONROE ANIMAL LEAGUE**  
**DOMESTIC SPAY/NEUTER APPLICATION**

Date: \_\_\_\_\_

P. O. BOX 23, STROUDSBURG PA 18360 \* PHONE: 570-421-7775

EMAIL: [MONROEANIMALLEAGUE@GMAIL.COM](mailto:MONROEANIMALLEAGUE@GMAIL.COM)

**\*\* THE VOUCHER IS GOOD FOR 90 DAYS FROM THE APPROVAL DATE; AFTERWARDS MONEY PAID TO MAL WILL BE RETAINED AS A DONATION.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**WE REQUIRE THE FOLLOWING FINANCIAL INFORMATION:** A copy of any of the following will serve as proof of need: Medicaid, DHS Statement, Food Stamps, Supplemental Security Income (SSI), LIHEAP, PACE, W2 Statements, or your Federal Income Tax Return.

**PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE OR PHOTO ID**

Please check mark the location of your choice. We will send a voucher directly to that facility upon approval of your application:

- \_\_\_\_\_ AWSOM Wellness Center in Stroudsburg at: 570-424-1060 (cats only)
- \_\_\_\_\_ EPAA MT. POCONO: email them at [epaaonline@gmail.com](mailto:epaaonline@gmail.com) or schedule online at: [www.epaaonline.org](http://www.epaaonline.org) (cats only)
- \_\_\_\_\_ Creature Comforts Vet Service in Saylorsburg at: 570-992-0400 (dogs and cats)

**First Pet** (check one): Female Cat \_\_\_\_\_ Male Cat \_\_\_\_\_ Female Dog \_\_\_\_\_ Male Dog \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: years \_\_\_\_\_ months \_\_\_\_\_ Breed \_\_\_\_\_

Current Rabies Vaccination Yes \_\_\_\_\_ No \_\_\_\_\_ Dog License # \_\_\_\_\_ (Mandatory in PA)

**Second Pet** (check one): Female Cat \_\_\_\_\_ Male Cat \_\_\_\_\_ Female Dog \_\_\_\_\_ Male Dog \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: years \_\_\_\_\_ months \_\_\_\_\_ Breed \_\_\_\_\_

Current Rabies Vaccination Yes \_\_\_\_\_ No \_\_\_\_\_ Dog License # \_\_\_\_\_ (Mandatory in PA)

**VOUCHER FEE:** \$30 per cat, \$50 per dog

**PLEASE MAKE CHECKS PAYABLE TO:** Monroe Animal League **TOTAL AMOUNT DUE:** \_\_\_\_\_

**PLEASE READ CAREFULLY: I understand that by signing this application I attest under penalty of law, that I am a resident of Monroe County, PA. Any Veterinary charges beyond those for spay/neuter surgery are your responsibility. Please discuss these charges with your vet prior to making an appointment.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Approval: \_\_\_\_\_ Date sent to Vet: \_\_\_\_\_ Voucher #: \_\_\_\_\_

Payment Type: \_\_\_\_\_ check no. \_\_\_\_\_ cash

Date Vet Bill Paid: \_\_\_\_\_